

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF  
COMMITTEE (in full)(Check if name  
is changed)Example: If typing, type  
over the lines

12FE4M5

SMURFIT-STONE CONTAINER CORPORATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

150 NORTH MICHIGAN AVENUE

(Check if address  
is changed)

CHICAGO

IL

60601

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

gvmt\_affairs@smurfit.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

3147876163

2. DATE

M M  
0 3/ D D  
2 6/ Y Y Y Y  
2 0 0 7

3. FEC IDENTIFICATION NUMBER

C C00117424

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Charles A Hinrichs

Signature of Treasurer

Electronically Filed by Charles A Hinrichs

Date

M M  
0 5/ D D  
2 2/ Y Y Y Y  
2 0 0 7

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2003)

## 5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of  
CandidateCandidate  
Party AffiliationOffice  
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate

- (d) ☐ This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) ☒ This committee is a separate segregated fund

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

## 6. Name of Any Connected Organization or Affiliated Committee

Smurfit-Stone Container Corporation

Mailing Address

150 N. Michigan Avenue

Chicago

IL

60601

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Sponsor

Type of Connected Organization:

- ☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

**SMURFIT-STONE CONTAINER CORPORATION POLITICAL ACTION COMMITTEE**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Melinda M Lewis**

Mailing Address **Six City Place, Suite 500**

**Crever Coeur** **MO** **63141** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Agent** **314** **656** **5237**

Telephone number - -

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Charles A Hinrichs**

Mailing Address **150 North Michigan Avenue**

**Chicago** **IL** **60601** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** Telephone number - -

Full Name of Designated Agent **Craig A Hunt**

Mailing Address **Six City Place Drive**

**Creve Coeur** **MO** **63141** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Chairman** Telephone number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

**Morgan Keegan & Co Inc**

Mailing Address

**8182 Maryland Avenue, 4th Floor**

**Clayton**

**MO**

**63105**

CITY ▲

STATE ▲

ZIP CODE ▲

**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

## Designated Agent

[ ADDITIONAL ]

Full Name **Christopher Brescia**Mailing Address **Six City Place, Suite 500****Creve Coeur** **MO** **63141** -

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**Director**

Telephone number - -